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Fifteenth session

SUMMARY RECORD OF THE 293rd MEETING

Held at Headquarters, New York,
on Friday, 19 January 1996, at 3 p.m.

Chairperson: Ms. CORTI

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The meeting was called to order at 3.15 p.m.

CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES UNDER ARTICLE 18 OF THE CONVENTION (continued)

Combined initial, second and third periodic reports of Ethiopia (continued) (CEDAW/C/ETH/1-3 and Add.1)

1. At the invitation of the Chairperson, Ms. Haile-Michael (Ethiopia) took a place at the Committee table.

2. The CHAIRPERSON invited members of the Committee to pose questions to the representative of Ethiopia on individual articles of the Convention.

Article 9

3. Ms. ABAKA noted that the situation outlined in paragraph 71 of CEDAW/C/ETH/1-3 contravened the provisions of article 9 of the Convention. The laws should be changed as a matter of urgency in order that men and women should enjoy the same legal protections in respect of nationality.

Article 11

4. Ms. MAKINEN said that according to both written and oral reports, the majority of Ethiopian women lived in rural poverty and early marriage limited their employment possibilities. Noting that many income-generating projects were under way in the informal sector, she wondered whether any consideration had been given to other types of plans involving the informal sector.

Article 12

5. Ms. BARE said that, if women were to be empowered, it was essential to improve their health status. She asked what concrete measures the Ministry of Health was planning in order to provide health and family planning services to women and girls and how much of the government allocation for health would be directed to primary health care.

6. Ms. KHAN inquired whether the National Committee on Traditional Practices had any specific policy on female genital mutilation, and whether a woman could receive legal assistance if she refused to have her daughter subjected to the operation. She also wondered how that practice related to the Convention on the Rights of the Child.

7. Ms. ABAKA said that it was unfortunate that preventive health-care programmes and traditional healing were considered inferior to modern medicine, as stated in paragraphs 41 and 42 of CEDAW/C/ETH/1-3. Preventive medicine was more important than curative, and it was important that people should understand that. Given that few people had access to modern medicine, it was unfortunate that the work of traditional healers should be held in little esteem, for with proper training in hygiene and improved supervision, such healers could provide much-needed care in rural areas.

8. Turning to paragraph 45 of that report, the issue of promiscuity was a sensitive one, but its harmful effects, especially the spread of AIDS, must be discussed.

9. Ms. ESTRADA CASTILLO inquired whether the State had allocated financial resources for birth control and family planning programmes and whether any effort had been made to establish such programmes in rural areas. She also wondered if protection was provided to girls who, since they married young, might find themselves divorced at an early age, in the event that they were rejected by their families and forced into prostitution.

10. The CHAIRPERSON, speaking in her personal capacity, noted that, although the practice was illegal, many abortions were performed nevertheless, often in unsafe conditions, contributing directly to the high death rate among women. She wondered whether there was any talk of change in government policy towards abortion. Noting that the maternal mortality rate was high, she wondered whether any urgent measures were planned to reduce the dangers of childbirth.

11. Ms. SHALEV noted that, in the 1993 health and population policy, gender issues had been prioritized, and requested more details on the content of that policy and the priorities for implementation. With regard to violence against women, health-care providers were often among the first to observe its effects, and they should be included in the sensitization programmes currently aimed at police officers and lawyers.

12. In her view, female genital mutilation was a primary health-care issue. Efforts to promote and protect women's rights should be focused on the most vulnerable women - infant girls. Given that women were the ones who perpetuated the traditional practice, it might be helpful, when planning a strategy, to try to find out why they allowed it to continue.

13. Ms. SCHÖPP-SCHILLING inquired whether training programmes for traditional healers included any awareness of general nutritional practice. The World Health Organization could be a source of funding for research and collection of data on traditional healing at the national level.

Article 14

14. Ms. KHAN, noting that the bulk of agricultural work was done by rural women, asked whether women had the right to own land and access to credit.

15. Ms. OUEDRAOGO said that she would have liked to see more detailed information on women's access to credit. Setting priorities and formulating a strategic approach was also needed, in order to consolidate women's economic power. She inquired whether informal rotating credit associations existed in Ethiopia and whether such activity had intensified. Greater focus was required on family education programmes, because in rural areas, the traditional solidarity against poverty was evaporating.

16. Ms. BARE said that she had been informed by an independent source that lack of capacity at the middle management level and excessive bureaucracy were hampering implementation of the rural development policies of the transitional

Government. She wondered what was being done to provide management training and to decentralize authority to the rural areas.

17. She requested more information on the actual situation of the displaced women whom the Government was resettling.

18. Ms. KHAN drew attention to an Amnesty International report which stated that the transitional Government had failed to put an end to human rights abuses in Ethiopia, even within its own ranks. The Committee would welcome clarification of the alleged human rights abuses and, in particular, of the reports of extrajudicial killings and torture.

19. Ms. BERNARD noted that, upon termination of a marriage, the law provided that each spouse should select an equal number of arbitrators to determine the balance of property owned. She wondered whether there was also a formal civil court system in which matters concerning matrimonial property could be ventilated or whether the system of arbitrators was an alternative to the court system.

20. Ms. ESTRADA CASTILLO said that, given the prevalence of rape in Ethiopian society and the subsequent rejection of the victims by their husbands, it would be useful to know what protection, if any, was provided to victims under the law and what was the State's response to the situation of rape victims who were rejected by their husbands. She also wished to know whether the law provided for recognition and care of any children issued from such acts, what the maximum punishment was for rape, and whether the punishment varied depending on whether the victim was an adult or a minor, married or unmarried.

21. Ms. KHAN said that she was confused by the apparent contradiction between the fact that although 65 per cent of women were reported to be aware of contraceptive methods, only 3 per cent were covered by family planning programmes. Did that reflect a cultural preference for large families, a lack of access by women to family planning programmes, or a desire on the part of men to have many children? It would be particularly useful to know what was the extent of coverage of family planning services in rural areas.

22. With respect to article 16, she noted that the new Constitution recognized different groups based on ethnicity, language and religion and that each group enjoyed the right to self-determination. She wondered whether that division was connected to the fact that there were three types of marriage, each of which had a different legal age requirement. It would be helpful to know whether each recognized group was governed by a different set of laws or whether the legislation in that area was uniform throughout the country. Was polygamy, for example, practised by Muslims only or by all population groups and was the practice of genital mutilation confined to certain ethnic or religious groups?

23. Ms. CARTWRIGHT welcomed the provisions of article 35 of the new Constitution which stated, inter alia, that women were entitled to equality with men in marriage. Given the tradition of women's subservience to men, who were supposed to protect them and guide their conduct, it would be interesting to know whether the new constitutional provisions had led to any real change in the notion of the husband as the sole head of the family.

24. Ms. HAILE-MICHAEL (Ethiopia) thanked the Committee for the sympathy with which it had received the report on the situation of women in Ethiopia. The Government of Ethiopia recognized the importance of gender equality to the achievement of lasting peace. Having suffered for many years, Ethiopia was eminently qualified to champion the cause of respect for human rights. Indeed the devolution of power from the centre was part of an attempt to ensure the widest possible participation by the various ethnic groups in Ethiopia who had long been excluded from any role in national life. Just because Ethiopia recognized the rights of the various ethnic groups did not mean that the country was being dismembered. Rather, the Government recognized the reality of the diversity of Ethiopia's people and was seeking the partnership and support of men and women of all ethnic and political groups. Her delegation would attempt to answer at a later meeting the various questions put by the members of the Committee.

25. Ms. Haile-Michael (Ethiopia) withdrew.

The meeting rose at 4.25 p.m.